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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	Justin P. Phillips
Title	Optical Fibre Catheter Pulse Oximeter
Art Unit	
Examiner Name	
Attorney Docket Number	45852-P001WOUS

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number:

58380

OR

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number:

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The address associated with Customer Number:

OR

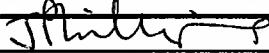
<input type="checkbox"/>	Firm or Individual Name			Winstead Sechrest & Minick P.C.		
Address	P.O. Box 50784					
City	Dallas	State	Texas	Zip	75201	
Country	US					
Telephone	512.370.2838	Email	docket@winstead.com			

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	14th July 2006
Name	Justin P. Phillips	Telephone	
Title and Company	Inventor		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of 4 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	10th July 2006
Name	Richard M. Langford	Telephone	+44 207 601 7524
Title and Company	Inventor		

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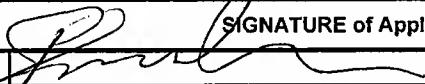
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Signature		Date	
Name	Panicos A. Kyriacou	Telephone	
Title and Company	Inventor		

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**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Deric P. Jones</i>		Date	
Name	Deric P. Jones		Telephone	
Title and Company	Inventor			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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